

Registration District No. **208**

Primary Registration District No. **5288**

Registrar's No. **6**

1. PLACE OF DEATH:

(a) County Clinton
(b) City or town Trimble, Mo. Rural
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 4 yrs. / _____ (Specify whether)
years, months or days)

3. (a) PRINT FULL NAME JOHN HENRY TUCK

3. (b) If veteran, name war no 3. (c) Social Security No. ✓

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rebecca Tuck 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased Feb. 16 1874
(Month) (Day) (Year)

8. AGE: Years 67 Months 5 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business

MOTHER FATHER { 12. Name William Tuck
13. Birthplace Mo. (City, town, or county) (State or foreign country)
14. Maiden name Marion Keener
15. Birthplace Mo. (City, town, or county) (State or foreign country)

16. (a) Informant James A. Tuck
(b) Address Agency Mo

17. (a) Frazier (b) Date thereof July 26 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Frazier

18. (a) Signature of funeral director H. A. Sullivan

(b) Address Gowze Mo

19. (a) July 25 41 (b) Sela Shackelford
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clinton
(c) City or town Trimble
(If outside city or town limits, write "RURAL.")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24
year 1941 hour 7:40 minute p. M.

21. I hereby certify that I attended the deceased from July 24 1941 to July 24 1941; that I last saw he alive on July 24 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Coronary heart disease

Other conditions 94 W
(Include pregnancy within 3 months of death)

Major findings: Of operations No

Of autopsy No

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature C. C. Sullivan (M. D. or other) D
Address Smithville Date signed 7/27/41

Duration
PHYSICIAN
Underlines the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.
working under my personal supervision.

Signed H. A. Sullivan

Licensed Embalmer No. 1238

P. O. Address Lower Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.